

Automobile Accident Questionnaire

Patient Name: _____

Today's Date: _____ **Date of Accident:** _____

Driving Role:

- Passenger in Back Seat Passenger in Front Seat
 Driver of Motorcycle Driver with both hands on wheel
 Driver with left hand on wheel Driver with right hand on wheel

Vehicle Status:

- Accelerating At a stop light Attempting to Stop
 Changing Lanes Driving down the road Driving in parking lot
 Moving Moving at speed limit
 Moving at moderate speed Moving in reverse Parked
 Sliding out of control (weather related) Slowing down
 Speeding Stopped
 Spinning out of control (weather related) Turning

Impact Area:

- Driver Side Front Bumper Front driver side corner
 Front Passenger side corner
 Passenger Side Rear Bumper Rear driver side corner
 Rear Passenger side corner Rear trailer Totaled and head on collision

Lighting:

- Dawn Dusk Full Daylight Night

Road Conditions:

- Damp Dry Ice Covered Snow Covered Wet

Visibility:

- Excellent Fair Good Poor

Opposing Vehicle Type:

- Compact Car Full size car Large Pickup
 Large SUV Motorcycle
 Semi Small SUV
 Other _____

Bracing Status:

- I was able to brace for impact
 I was aware that the accident was impending, but unable to brace
 I was not aware the accident was impending

Opposing vehicle Speed: _____ MPH Unknown

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Vehicle Speed: _____MPH Unknown

Headrest position:

High Low Middle Unknown

Admitted to Hospital: Yes No

If Yes At Time of the Accident At a later time

Transportation to Hospital:

Ambulance Life Flight Police Car Private Transportation

Doctor: _____

Days Hospitalized: _____ None

Please Briefly Describe the Accident:

What was the cause of the injury:

Thrown from the vehicle Hit the console Hit the steering wheel
 By the seatbelt Hit the dashboard Hit the window
 Hit another passenger Hit the door Hit the windshield
 Hit the back of the front seat Hit the roof of the car

Injury location:

Back of Face Back of Head Back of Neck Chest Fingers on Left hand
 Fingers on the Right hand Forehead Front of Face Front of Head
 Front of Neck Left Arm Left Elbow Left Hand Left Hip Left Knee
 Left Leg Left Shin Left Shoulder Left Wrist Low Back Mid Back
 Nose Right Arm Right Elbow Right Hand Right Hip Right Knee
 Right Leg Right Shin Right Shoulder Right wrist Side of Face
 Side of Head Side of Neck Upper Back

Compromised by:

Brightness Darkness Fog Rain Snow Traffic

Feelings after the accident:

Angry Disoriented Dizzy Nauseous
 Scared Unconscious Upset Weak